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BIBDATASHEET

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** CONTINUING D	ATA 1	ONS ************************************	O BK	V					
** FOREIGN APPL	.ICATI	ONS **************	No BP	N					
IF REQUIRED, FC ** 03/12/2004	REIG	N FILING LICENSE GR	ANTED		_		•		
Foreign Priority claimed yes yes no Met after Allowance Verified and Acknowledged Examiner's Signature Initials				STATE OR	SH	SHEETS		TAL	INDEPENDENT
				COUNTRY MN	DRA	DRAWING 3		IMS 2	CLAIMS 2
ADDRESS 23838 KENYON & KENY 1500 K STREET, N WASHINGTON, I 20005	۱.W., ۶	SUITE 700			7				·
TITLE Medical implant pro	ocessi	ng chamber							
						All Fees			
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	FEES: Authority has been given in Pap No to charge/credit DEPO: No for following:			Paper EPOSIT ACCOUNT		1.17 Fees (Processing Ext. of time)			
RECEIVED 806						1.18 Fees (Issue)			
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